FOR INSTRUCTIONS, SEE B	ACK OF FORM		1	FORM	
₹				DR-2	DISCLOSURE
DISCLOSU	RE SUMMARY PAGE	E		(Rev. 01/98)	
			Fo	r Office Use 0	MY SAND
COMMITTEE NAME /Must be	same as do Statement of Organi	zation	Co	m 20 /# -1.8 +	9 PH 3: 24
	ity Almacrate		millan	dexed	9 PH 3-21
USDOSTANT. Indicate time of com			Au	dited	0.24
IMPORTANT: Indicate type of com	(2)Statewide PAC (3)State Party (4)	4 \County/l ocal Candidate	Co	mputer	
(1) Statewide/Legislative Carididate (5) County PAC (6) Ballot issue/Fra 4-8) Support Slate of Candidates	anchise Committee County/City Co	entral Committee			
Maria	Sana	2/2-792-95 TELEPHONE	7/7	1-	11 -10
SIGNATURE OF TREASURER	(or person filing this report)	TELEPHONE		DATES	SIGNED
Routine	Penalties Due For Late i	Filed Reports Range	from \$20	to \$800	
SEE INSTRUCTIONS ON B	ACK-AND COMPLETE THE	FOLLOWING SENTENC	<u>:E:</u>		
1-12-091	-19-2010	DEBORT FOR ANYA AN EL	ECTION //	ONON ELEC	TION VEAD
(repo	ort date)	REPORT FOR AN/A (1) EL II	ndicate one	2)NON-ELEC	TION TEAR.
CHECK IF AMENDMENT TO	REPORT DATED		Local Com	mittees, enter (Date of Election
	tion) report and attach Notice of I			ocal Committe	es, enter County
(You must continue to	file reports until a Notice of Disso	olution is filed.)			
of all monies held by the	ing of the reporting period. (This ne committee. This amount MUS	ST be the		104	(22
	is first report filed.)		\$	_/.5//	<u>,) </u>
	TAKEN IN THIS PERIOD			90	7 00
	ntributions total (Attach Schedule				
	eceived total (Attach Schedule F)				
Schedule H: Total Sal	es of Campaign Property (Attach	Schedule H)			
(Schedule H	applies to Candidates' Commi				.
		SUB-TO	TAL\$	16:	39,33
SUBTRACT TOTAL N	ONEY SPENT THIS PERIOD ures total (Attach Schedule B)			0	0001
Schedule B: Expendit	ures total (Attach Schedule B)			8	17.04
Schedule F: Loan Rep	payments total (Attach Schedule	F)			
CASH ON HAND at the end of be zero) (Attach DR-3)	this reporting period (if final repo	rt, balance must	\$_	7	39.47
	e D - Attach Schedule D)				
	om Schedule E - Attach Schedule				
	Schedule F - Attach Schedule F				
CANDIDATE COMMITTEES O		, ······	······································		
CONSULTANT BREAKDOWN				Y	ES NO
		s Schedule HV	2	 '	·
VALUE OF CAMPAIGN PROP	ERTY (From Schedule H - Attach		Ψ		

For Instructions, See Back of Form

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) Carroll ourty deniaration entral Cammittee	1	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: FA CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
9/24/09	CK#	Fundraiser Tickets		\$ 243°°	1
9/29/09	ID# CK#	money from Jundiaiser		1000	V
10//09	ID# CK#	Redeposit of Shelles House Dyaset returned		20	·
19/14/09	ID# CK#	Fundraiser Ticket		20 25 00	V
	ID# CK#				
	ID# CK#				
	CK#				. !
	ID# CK#				
	ID# CK#			·	
	ID# CK#		CUP TOTAL	·	

SUB-TOTAL

TOTAL (if last page of this schedule)

£9800

SCHEDULE

MONETARY

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page of (for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES		
CHECK THIS BOX IF AMENDING FORM			

COMMITTE	- 0//	same as on Statement of Organization	tral Committee	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1/3/09	ID# CK# 2628	Devest Communica FOBOX Box 91154 Seattle Washington 4154	Headquarters Phone bill	\$ 55,98
9/9/09	CK# 2629	City of Carrall	Restal of Shelter House for Jundraise	1 5009
9/9/09	CK# 2630	Carroll Canemunity	Carroll County Convertisty	9600
9/24/09	ID# CK# 263/	Carrall Caunt	Memorial for Secretar Father Seath, memore Merrin Klaus	2500
9/24/09	ID# CK# 2632	Guenger High School	Denation for Missionia for Supervisor Del ne Dennatt	
	CK# \$433		Fristing, 5160 Wallis Rabelo iter for Samuel to	m 111 38
10//	CK# 3634	•	Sundracier for	4400
12/10/	ID# CK#2635	Traffic Builders	EMail lasts: hame Revenual, Web renewal Maintenance for How.	387 FC
			SUB-TOTAL TOTAL (if last page of this schedule)	\$ 729.86 \$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

Page _____ of _____

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULF	
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В	MONETARY
(Rev. 07/03)	EXPENDITURES
	CK THIS BOX IF NDING FORM

D# CK#	COMMITTE	E NAME (Must be	same as on Statement of Organization)		
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CMM/DD/TR) Unspired (Dissursement) WAS MADE 12/15/99 CK# 2636 279 Clarence Sona 52216 12/15/99 CK# 2637 February Sonation Description of the CK# DD#		ID NUMBER //			
CHECK NUMBER 13/5/99 CK# 3636 279 Clarence Sava 52216 13/15/99 CK# 2637 Sindam of Congrues Denation 7500 10# CK# 2637 Sindam of Congrues Denation 7500 10# CK#		(if applicable)		(SESSINGE TIANSACTION)	EXPENDED
NUMBER ID# John Filgen for Danation \$ 7500 13/15/09 CK# 2636 279 Clarence Jones 52216 12/15/09 CK# 2637 Sindlan of Congress Danation T500 ID# CK# ID# CK# ID# CK# ID# CK# ID# CK# ID# CK# ID# CK# ID# CK# ID# CK# ID# CK# ID# CK# ID# CK# ID# CK# ID# CK# ID# CK# ID# CK# ID# CK# ID# CK# ID# CK# ID# CK# ID# CK# ID# CK# ID# CK# ID# CK# ID# CK# ID# CK# ID# CK# ID# CK# ID# CK# CK# ID# CK# CK# CK# CK# CK# ID# CK#	(MM/DD/YR)				
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